



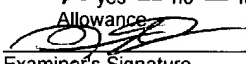
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Bib Data Sheet

|   |   |                              |  |  |                            |
|---|---|------------------------------|--|--|----------------------------|
| SERIAL NUMBER<br>09/842,219   | FILING DATE<br>04/26/2001<br><br>RULE   | CLASS<br>713                 | GROUP ART UNIT<br>2131   | ATTORNEY<br>DOCKET NO.<br>12732-032001 /<br>US4867 |                            |
| APPLICANTS<br><br>Shunpei Yamazaki, Tokyo, JAPAN;<br><br>Jun Koyama, Kanagawa, JAPAN;<br><br>** CONTINUING DATA *****<br><br>** FOREIGN APPLICATIONS *****<br>JAPAN 2000-126513 04/26/2000 MTH<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 06/16/2001  |   |                              |  |  |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged  MTH<br>Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>JAPAN | SHEETS<br>DRAWING<br>11  | TOTAL<br>CLAIMS<br>3                               | INDEPENDENT<br>CLAIMS<br>3 |
| ADDRESS<br>26171<br>FISH & RICHARDSON P.C.<br>1425 K STREET, N.W.<br>11TH FLOOR<br>WASHINGTON, DC<br>20005-3500   |   |                              |  |  |                            |
| TITLE<br>System for identifying an individual, a method for identifying an individual or a business method  |   |                              |  |  |                            |
| FILING FEE<br><br>RECEIVED<br>840   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                              | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                            |

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